

National Institute on Drug Abuse (NIDA) North Carolina Opioid Summary

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<https://www.drugabuse.gov>

North Carolina Opioid Summary

Opioid-Involved Overdose Deaths

In 2017, there were 1,953 overdose deaths involving opioids in North Carolina—a rate of 19.8 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. The greatest rise occurred among deaths involving synthetic opioids other than methadone (mainly fentanyl), from 116 in 2013 to 1,285 deaths in 2017 (Figure 1). In the same four-year period, heroin-involved deaths rose from 189 to 537 cases. Prescription opioid-involved deaths have not statistically changed in the past several years with 659 reported deaths in 2017.

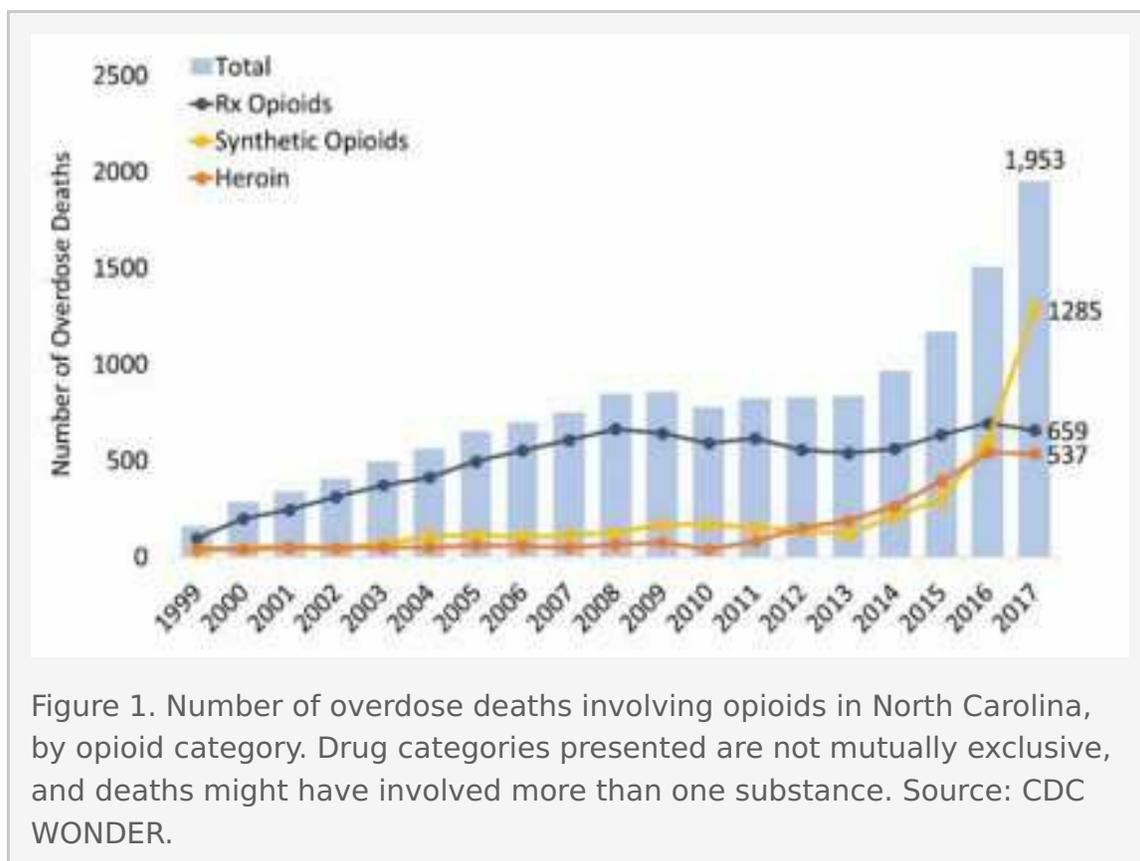


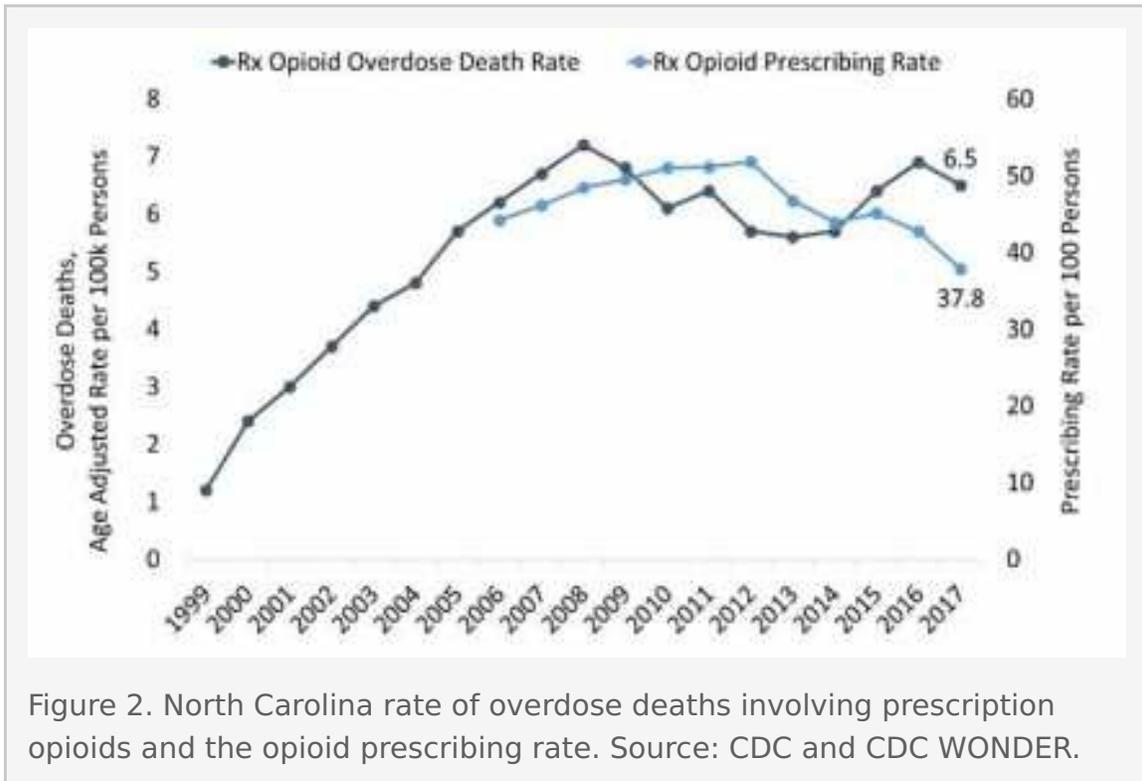
Figure 1. Number of overdose deaths involving opioids in North Carolina, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

Opioid Pain Reliever Prescriptions

In 2017, North Carolina providers wrote 72.0 opioid prescriptions for

every 100 persons (Figure 2). The average U.S. rate in the same year was 58.7 prescriptions per 100 persons ([CDC](#)).

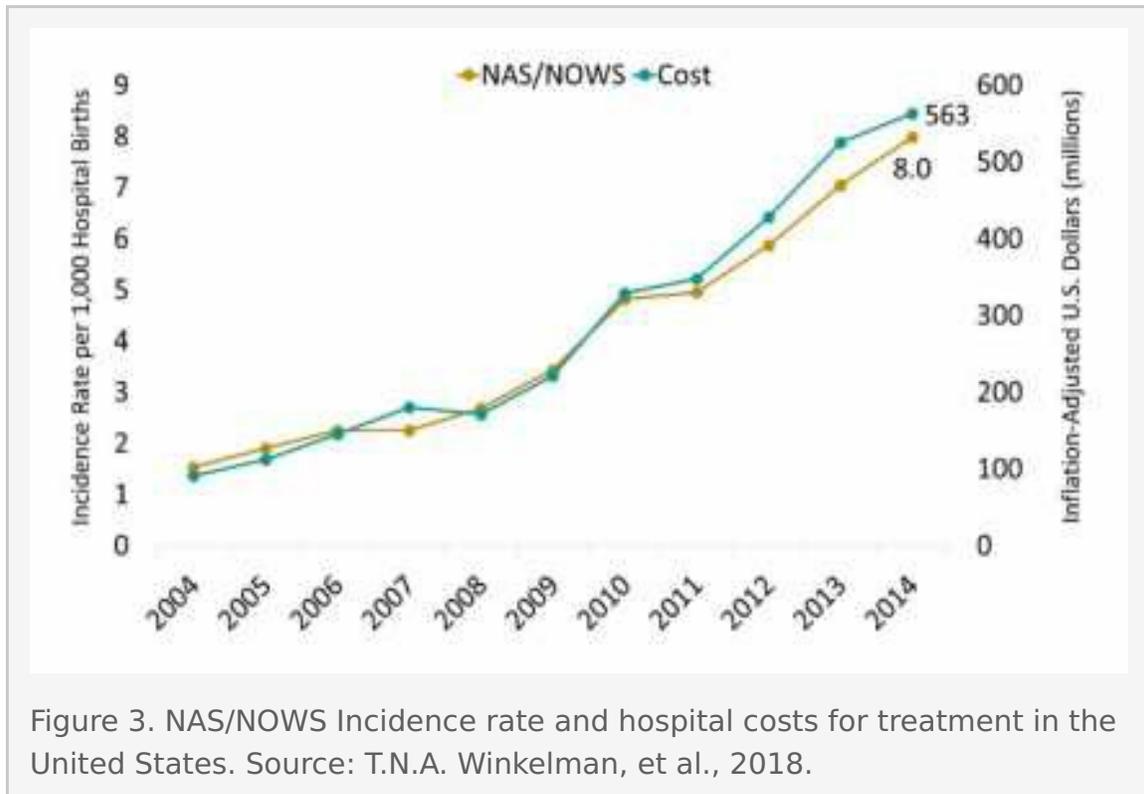
The rate of overdose deaths involving opioid prescriptions was 6.5 deaths per 100,000 persons in 2017 and has not significantly changed in the past several years.



Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices ([CDC](#)). As a result, there is variability in trends and in the rate reported by states. The most recent data on the rate of babies born with NAS/NOWS in North Carolina is from 2014 hospital discharge data. From 2008 to 2014, the rate of NAS/NOWS increased from 1.8 cases per 1,000 hospital births to 8.2 cases per 1,000 hospital births (Healthcare Cost and Utilization Project).



HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

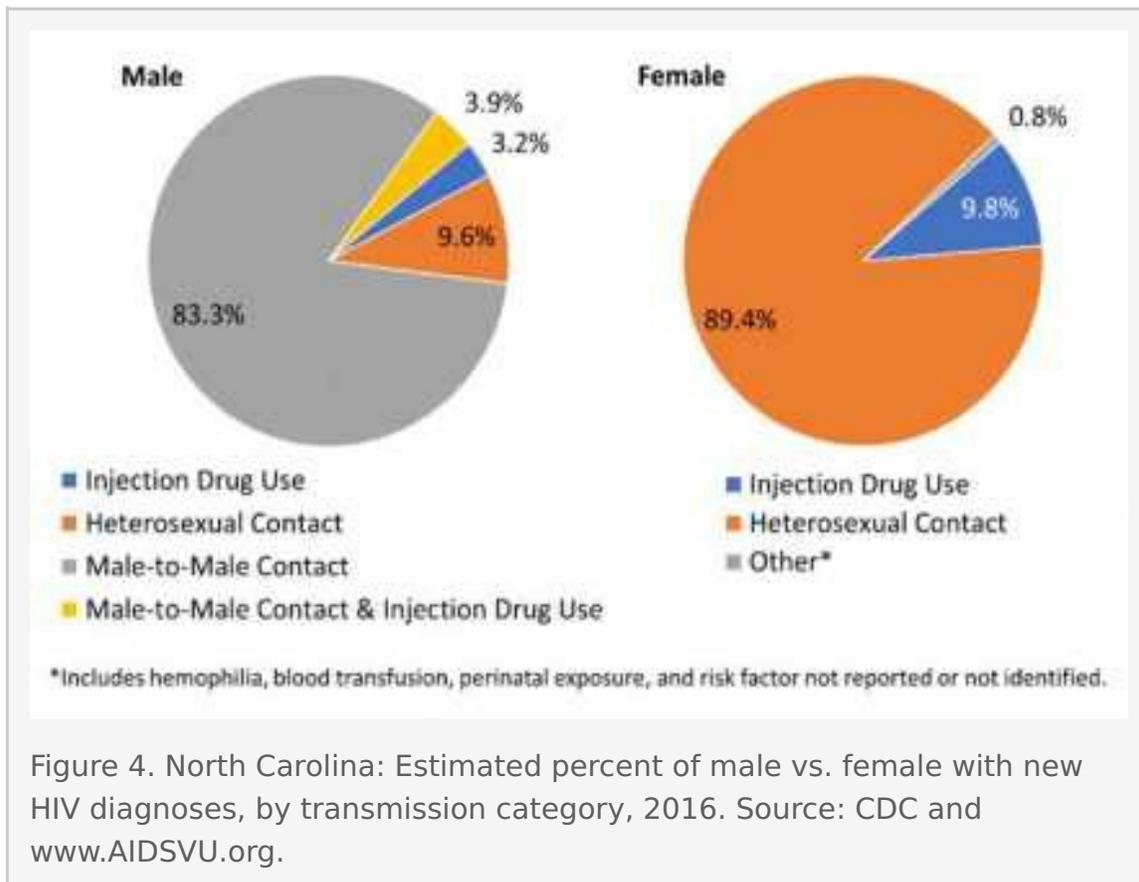


Figure 4. North Carolina: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU ([CDC](#)).
- U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,466) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU ([CDC](#)).
- State Incidence:** Of the new HIV cases in 2016, 1,404 occurred in North Carolina. Among males, 7.1 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 9.8 percent of new HIV cases were attributed to IDU (Figure 4) ([AIDSVu](#)).
- State Prevalence:** In 2015, an estimated 29,814 persons were living with a diagnosed HIV infection in North Carolina—a rate of

354 cases per 100,000 persons. Of those, 14.6 percent of cases among males were attributed to IDU or male-to-male contact and IDU. Among females, 19.1 percent were living with HIV attributed to IDU ([AIDSVu](#)).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use¹

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV² ([CDC](#)). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs ([CDC](#)).
- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages ([CDC](#)).
- **State Incidence:** There were approximately 82 new cases of acute HCV (0.8 per 100,000 persons) reported in North Carolina in 2016 ([CDC](#)).
- **State Prevalence:** In North Carolina, there are an estimated 67,200 persons living with Hepatitis C (2013-2016 annual average), a rate of 880 cases per 100,000 persons ([HepVu](#)).

National Institutes of Health-Funded Research

The National Institute on Drug Abuse (NIDA), in partnership with the Appalachian Regional Commission (ARC) are supporting services planning research grants to address a dramatic increase in adverse outcomes associated with increased opioid injection drug use in Appalachia. The grants will help develop an epidemiologic understanding of opioid injection drug use, HIV and hepatitis C virus (HCV) infection risk, and other adverse health consequences of drug use in any of the 420 Appalachian counties (<http://www.arc.gov/counties>).

Additional Resources

- North Carolina Health and Human Services, [Opioid Crisis](#)
- Centers for Disease Control and Prevention, [Opioid Overdose](#)



NIH RePORTER

FY2018 NIH-funded projects related to opioid use and use disorder in North Carolina: 20

[VIEW RESULTS](#)

[Find treatment in North Carolina \(SAMHSA\)](#)

Notes

1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.